

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILED DATE

APPLICANT(S)

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		CLAIMS								
	IND	DEP	IND	DEP	IND	DEP			IND	DEP	IND	DEP	IND	DEP	IND
1	1														
2	1							51							
3		2						52							
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49								98							
50								99							
								100							
TOTAL IND.	2							TOTAL IND.							
TOTAL DEP.	16							TOTAL DEP.							
TOTAL CLAIMS	18							TOTAL CLAIMS							